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June 28, 1974

To : Director of Medical Services

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From: [REDACTED] MD 23 25X1A

Subj: Request for external training for [REDACTED]
during the academic years 1975-6 and 1976-7

1) It is respectfully requested that I be authorized two years of external training to study international medicine and public health, with specific emphasis on historical background and development. Though this type of training has not previously been requested, I believe thoughtful consideration will reveal the significant value of such training, both to the Agency and to the United States Government.

2) The value of additional training in the field of Epidemiology and Public Health has been recognized by the Agency, and such training has been provided to previous applicants from the OMS medical staff. Within this field there are a variety of well-known sub-specialties, and candidates for a Master's degree in Public Health (MPH) are generally required to complete intensified study in one of the following four areas: biometry, environmental health, epidemiology, and health services administration. Less well known is a relationship shared by a few departments of Epidemiology and Public Health with departments of the History of Medicine (or History of Science and Medicine) which allows a course of study significantly broader in scope than the MPH program, while at the same time providing the historical perspective essential to understanding contemporary developments in medical science. This latter program is particularly invaluable in the assessment of the impact of medical problems on developing countries, whose patterns of disease and medical care, and related social problems, are generally much closer to those of 19th and early 20th century America than to the present day. A concrete idea of the scope of such a program is apparent from the following list of courses, drawn from my proposed curriculum at Yale University:

A. In the Department of Epidemiology and Public Health

- 1) Introduction to International Health
- 2) International epidemiology
- 3) Seminar on History and Public Health Policy

B. Jointly in the departments of Epidemiology and Public Health, and the History of Science and Medicine

- 1) Health in the City from the Eighteenth to the Twentieth Century
- 2) Health and Disease in the Eighteenth and Nineteenth Centuries

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C. In the Department of the History of Science and Medicine

- 1) History of Medicine
- 2) Sociology and Politics of Recent Science
- 3) Topics in the History of Medicine and Public Health
- 4) Directed work in the History of Science and Medicine
- 5) Science, Technology, and Society

D. Additional relevant courses from the two departments:
History of American Medicine; Science and Society in the Nineteenth Century; The Emergence of Modern Biology; Origins and Control of Disease; Epidemiology of Virus Diseases; Epidemiology of Some Chronic Diseases; Advanced Seminar in Medical Entomology

The Yale program provides somewhat more breadth than many other programs. Though not evident from the titles, many courses emphasize traditional and modern non-Western medicine and science (e.g., China, India). Most are primarily concerned with developments outside of the United States. In short, the History of Science and Medicine program provides primary training not otherwise obtainable in an area of increasing importance to the Agency as its mission becomes increasingly oriented to classical intelligence and intelligence assessment. It is doubtful that there is any course of external training that could assist one more fully in assessing foreign developments in the broad area of the life sciences.

3) The apparent applicability of most of the courses cited to a program in Epidemiology and Public Health as well as in the History of Medicine raises the question of why not request training via the former, traditional route. There are several reasons. The faculty in most cases is jointly appointed to the two departments, and the programs (at Yale, at least) both require two years of coursework. However, the History of Science and Medicine program allows much greater latitude in course selection from other departments (e.g., Epidemiology and Public Health courses) than is the reverse case. Public Health programs are also limited by many required courses of marginal value to the proposed course of study (e.g., biostatistics, and numerous field-study and lab-oriented courses). Additionally, language training is an essential part of the History of Medicine program, as it relies very heavily on foreign sources. A working knowledge of two languages is required by the beginning of the second year of coursework, whereas the MPH has no language requirement. Finally, expertise in medical history also opens a broad spectrum of foreign contacts, both because the field is heavily represented by foreign specialists, and because of the widespread interest in non-Western medicine. Though the primary value of the proposed training would be in intelligence analysis, this operational potential should not be minimized. In my experience foreign physicians are generally

very willing to discuss "historical" aspects of local medicine and medical problems. Perhaps more importantly, the Eastern Bloc (especially the Soviet Union) is very well represented among medical history specialists. This year, by illustration, the international convention of medical historians is being held in Budapest.

4) There are several programs similar to the Yale program outlined above. The best known are located at Johns Hopkins, Minnesota, UCLA, the University of California at San Francisco, and the University of Washington. A new program has recently been initiated at Duke. Though I plan to apply to several of these, my preference is for the program at Yale. Yale and Johns Hopkins are the leading centers for the study of the history of medicine in the United States, though Hopkins has been stronger in more remote medical history. Beyond the advantage of the joint science-medicine department, Yale's program allows greater flexibility in pursuing the integrated program I wish to follow.

5) My qualifications for the proposed program are as follows: Beyond having an undergraduate degree in a science (BA in psychology), three summers' experience with various Public Health Service programs, an MD degree, and rotating internship, I have also had over five years of applied clinical experience in general practice settings. Four of these five years, in addition, have been in foreign cultures where there has been the opportunity to observe different problems and standards of medical practice. Though my present Agency contract dates only from 1972, my actual affiliation has been much longer. In addition to five summers as an Agency summer employee between 1959 and 1965, [REDACTED]

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Throughout this time, I have maintained a strong interest in the historical background of international medicine, and the parallels between contemporary medical problems abroad and American medical history. I have read widely in the field (having a personal library of about 200 classic or standard volumes on the history of medicine and science), and have obtained and followed course outlines and reading lists from virtually all the history of medicine programs offered in the United States. In the process I have prepared myself to take maximal advantage of the concentrated curriculum I propose to undertake.

6) In summary, the only effective external training in the historical, developmental, and contemporary aspects of international medicine and public health is obtainable through a program such as has been outlined above, under the auspices of the Department of the History of Science and Medicine at Yale University. Such training would be invaluable in assessing foreign medical

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and life science developments, and could also lead to new avenues of contact with foreign and Eastern Bloc professionals. As I will still have 25 years of career service remaining after completion of the proposed schooling, the benefits that would accrue to the Agency would be substantial.

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